

FLORIDA TRAFFIC CRASH REPORT

LONG FORM ☒ SHORT FORM ☐ UPDATE ☐

HIGHWAY SAFETY & MOTOR VEHICLES,
TRAFFIC CRASH RECORDS
NEIL KIRKMAN BUILDING, TALLAHASSEE, FL 32399-0537

(Electronic Version)

Date of Crash 25/Mar/2019 06:16 AM	Time of Crash 25/Mar/2019 06:16 AM	Date of Report 25/Mar/2019 12:00 AM	Invest. Agency Report Number 19005966	HSMV Crash Report Number 88924454
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CRASH IDENTIFIERS

County Code 18	City Code 41	County of Crash LEE	Place or City of Crash CAPE CORAL	Within City Limits Yes	Time Reported 25/Mar/2019 06:18 AM	Time Dispatched 25/Mar/2019 06:19 AM
Time on Scene 25/Mar/2019 06:34 AM	Time Cleared Scene 25/Mar/2019 09:44 AM	Completed No	Reason (if Investigation NOT Completed) PENDING MCI			Notified By Law Enforcement

ROADWAY INFORMATION

Crash Occured On Street, Road, Highway NE 19TH TER			At Street Address#		At Latitude and Longitude	
At Feet 6	Or Miles	Direction East	From Intersection With Street, Road, Highway NE 3RD AVE			Or From Milepost #
Road System Identifier 5 Local		Type Of Shoulder 2 Unpaved		Type Of Intersection 1 Not at Intersection		

CRASH INFORMATION (Check if Pictures Taken) ☐

Light Condition 4 Dark-Lighted	Weather Condition 1 Clear	Roadway Surface Condition 1 Dry	School Bus Related 1 No	Manner Of Collision 77 Other, Explain in Narrative
First Harmful Event Type	First Harmful Event 1	First Harmful Event Location 1 On Roadway	Within Interchange No	First Harmful Event Relation to Junction 3 Intersection Related
Contributing Circumstances: Road 1 None		Contributing Circumstances: Road		Contributing Circumstances: Road
Contributing Circumstances: Environment 1 None		Contributing Circumstances: Environment		Contributing Circumstances: Environment
Work Zone Related 1 No	Crash In Work Zone	Type Of Work Zone	Workers In Work Zone	Law Enforcement In Work Zone

VEHICLE (Check if Commercial) ☐

Vehicle 1	Motor Vehicle Type 1 Vehicle in Transport	Hit and Run 2 Yes	Veh License Number	State	Reg. Expires	Permanent Reg.	VIN		
Year	Make	Model	Style	Color	Extent of Damage Functional	Est. Damage	Towed Due To Damage No	Vehicle Removed By	Rotation
Insurance Company					Insurance Policy Number UNKNOWN				
Name of Vehicle Owner (Check Box If Business) <input type="checkbox"/>			Current Address (Number and Street)			City and State		Zip Code	
Trailer One:	License Number	State	Reg. Expires	Permanent Reg.	VIN	Year	Make	Length	Axles
Trailer Two:	License Number	State	Reg. Expires	Permanent Reg.	VIN	Year	Make	Length	Axles
Vehicle Traveling:	Direction East	On Street, Road, Highway NE 19TH TER					At Est. Speed 20	Posted Speed 30	Total Lanes 2
CMV Configuration			Cargo Body Type			Area of Initial Impact		Most Damaged Area	
Comm GVWR/GCWR			Trailer Type (trailer one)		Trailer Type (trailer two)				
Haz. Mat. Release	Haz Mat. Placard	Number		Class					
Motor Carrier Name				US DOT Number					
Motor Carrier Address				City and State				Zip Code	Phone Number
Comm/Non-Commercial	Vehicle Body Type 3 Pickup	Vehicle Defects (one) 88 Unknown		Vehicle Defects (two)		Emergency Vehicle Use 1 No		Special Function of MV 1 No Special Function	
Vehicle Maneuver Action 1 Straight Ahead	Trafficway 1 Two-Way, Not Divided	Roadway Grade 1 Level		Roadway Alignment 1 Straight		Most Harmful Event 2 Collision with Non-Fixed Object		Most Harmful Event Detail 15 Parked Motor Vehicle	
Traffic Control Device For This Vehicle 1 No Controls		First (1) Sequence of Events 2 Collision with Non-Fixed Object 15 Parked Motor Vehicle		Second (2) Sequence of Events		Third (3) Sequence of Events		Fourth (4) Sequence of Events	

PERSON RECORD

Person# 1	Description 1 Driver	Vehicle # 1	Name UNK19005966 UNK19005966	Date of Birth	Sex 88 Unknown	Phone Number	Re-Exam No
Address		City	State	Zip Code			
Driver License Number	State	Expires	DL Type	Req. End.	Injury Severity 1 None	Ejection 1 Not Ejected	

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Restraint System	Air Bag Deployed 88 Deployment Unknown	Helmet Use	Eye Protection	Seating Location Seat 1 Left	Seating Location Row 1 Front	Seating Location Other 1 Not Applicable		
Drivers Actions at Time of Crash (first) 77 Other Contributing Action			Drivers Actions at Time of Crash (second)		Driver Distracted By 88 Unknown	Vision Obstruction 1 Vision Not Obscured		
Drivers Actions at Time of Crash (third)			Drivers Actions at Time of Crash (fourth)		Drivers Condition at Time of Crash 88 Unknown			
Suspected Alcohol Use 88 Unknown	Alcohol Tested 1 Test Not Given	Alcohol Test Type	Alcohol Test Result	BAC	Suspected Drug Use 88 Unknown	Drug Tested 1 Test Not Given	Drug Test Type	Drug Test Result
Source of Transport to Medical Facility 1 Not Transported		EMS Agency Name or ID		EMS Run Number		Medical Facility Transported To		

PERSON RECORD

Person# 2	Description 2 Non-Motorist	Name LAYLA E AIKEN			Date of Birth	Sex	Injury Severity 5 Fatal (within 30 days)		Phone Number (239)244-6780
Address 1810 NE 1ST PL		City CAPE CORAL			State FL		Zip Code 33909		
Non-Motorist Description Detail 1 Pedestrian			Non-Motorist Action Prior to Crash 88 Unknown			Non-Motorist Location at Time of Crash 5 Travel Lane - Other Location			
Non-Motorist Actions/Circumstance (First) 88 Unknown		Non-Motorist Actions/Circumstance (Second)			Non-Motorist Safety Equipment (One) 1 None		Non-Motorist Safety Equipment (Two)		
Suspected Alcohol Use 88 Unknown	Alcohol Tested	Alcohol Test Type	Alcohol Test Result	BAC	Suspected Drug Use 88 Unknown	Drug Tested	Drug Test Type	Drug Test Result	
Source of Transport to Medical Facility 2 EMS		EMS Agency Name or ID LEE COUNTY EMS			EMS Run Number MLC190325025740		Medical Facility Transported To LEE MEMORIAL HOSPITAL		

WITNESSES

Name SHAWN I ZAMORANO	Address 335 NE 20TH ST	City CAPE CORAL	State FL	Zip Code 33909
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WITNESSES

Name ALEX L BECK	Address 1810 NE 1ST PL	City CAPE CORAL	State FL	Zip Code 33909
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WITNESSES

Name CHASE R BECK	Address 1810 NE 1ST PL	City CAPE CORAL	State FL	Zip Code 33909
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NARRATIVE

ALL VEHICLES, WITNESSES, AND THOSE INVOLVED WERE GONE PRIOR TO MY ARRIVAL.

V1 WAS SOUTH ON NE 3RD AVE AND THEN MADE A LEFT TURN TO GO EAST ON NE 19TH TER. AS V1 MADE THE TURN ONTO NE 19TH TER, THE FRONT END OF V1 STRUCK PEDESTRIAN #1 WHO WAS SITTING AT THE NE CORNER OF THE INTERSECTION ALONG THE SIDE OF THE ROAD. PEDESTRIAN #1 WAS TRANSPORTED TO LEE MEMORIAL HOSPITAL WHERE SHE DIED FROM HER INJURIES. V1 LEFT THE AREA WITHOUT STOPPING OR GIVING ANY INFORMATION.

WITNESS #1 WAS ARRIVED ON SCENE AT APPROXIMATELY 0618 HOURS AND CALLED 911. HE DID NOT WITNESS THE ACCIDENT OR SEE ANY VEHICLES INVOLVED.

WITNESS #2 AND #3 ARE RELATIVES OF PEDESTRIAN #1 AND WERE ON SCENE WHEN THE ACCIDENT OCCURRED. THEY STATED THAT V1 CAME SOUTH ON NE 3RD AVE AND MADE A LEFT TO GO EAST ON NE 19TH TER. V1 THEN HIT PEDESTRIAN #1 AND LEFT THE SCENE. THEY STATED THAT V1 WAS A RED PICK UP, AND THE DRIVER DID NOT STOP OR GET OUT OF THE VEHICLE.

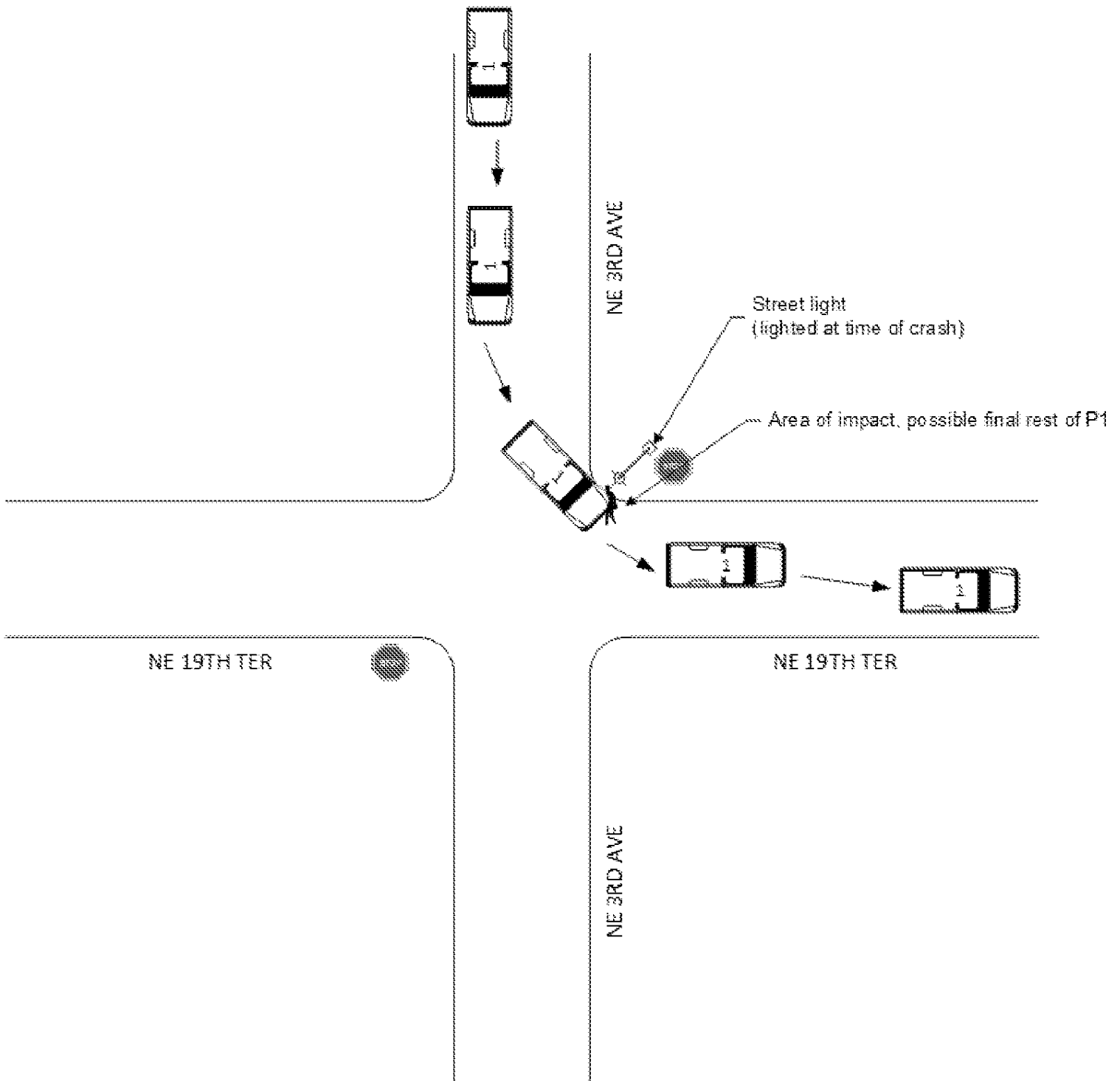
INVESTIGATOR D. GRAY ARRIVED ON SCENE AND ASSUMED THE INVESTIGATION.

REPORTING OFFICER

ID/Badge # 010751	Rank and Name POLICE OFFICER D. LEGER	Department CAPE CORAL POLICE DEPARTMENT	Type of Department PD
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Indicate North



Drawing Not To Scale.